



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/01/2025	202509102542	FOREIGN LLC - CERTIFICATE OF REGISTRATION (LFP)	99.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

TAYLOR NEWMAN
6545 MARKET AVE. NORTH
STE 100
NORTH CANTON, OH 44721

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
5385083

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
SYNERGY TEST & BALANCE, LLC.

and, that said business records show the filing and recording of:

Document(s)

FOREIGN LLC - CERTIFICATE OF REGISTRATION
Effective Date: 04/12/2025

Document No(s):

202509102542



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
1st day of April, A.D. 2025.

Ohio Secretary of State

Form 617 Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Date Electronically Filed: 4/1/2025

Registration of a Foreign Limited Liability Company
For a Foreign (Non-Ohio) Limited Liability Company
Filing Fee: \$99
Form Must Be Typed
106-LFA

Name of Limited Liability Company in its jurisdiction of formation

SYNERGY TEST & BALANCE, LLC.

Assumed Name, if the name above does not comply with section 1706.07 of the Revised Code

(Name must include one of the following words or abbreviations: "limited liability company", "limited", "LLC", "L.L.C.", "ltd.", or "ltd".)

Jurisdiction of formation MI

The foreign limited liability company is a foreign limited liability company.

Optional:

Effective Date (MM/DD/YYYY) 4/12/2025

Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a registration of a foreign limited liability company delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A registration of a foreign limited liability is effective as provided in Ohio Revised Code Section 1706.172(D).

If applicable, attach information required in section 1706.511(C) if the foreign limited liability company establishes or provides for the establishment of one or more series of assets.

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

SYNERGY TEST & BALANCE, LLC.

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

NORTHWEST REGISTERED AGENT SERVICE, INC.

(Name of Statutory Agent)

6545 MARKET AVE N STE 100

(Mailing Address)

CANTON

(Mailing City)

OH

(Mailing State)

44721

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned,

NORTHWEST REGISTERED AGENT SERVICE, INC.

, named herein as the
(Name of Statutory Agent)

Statutory agent for

SYNERGY TEST & BALANCE, LLC.

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature

TAYLOR NEWMAN

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section if box (1) is checked and business is an Ohio entity or Foreign LLCACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, , named herein as the
Name of Agent

statutory agent for , hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: 

Individual Agent's Signature/Signature on behalf of Business Serving as
Agent

Complete the information in this section if box (2) is checked

New Address of Agent

Mailing Address

City State ZIP Code

Complete the information in this section if box (3) is checked

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

Mailing Address

City State Zip Code